

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIAMICHAEL STAPLETON 17627-104

Full Name of Plaintiff Inmate Number

v.

WARDEN SPAULDING

Name of Defendant 1

Lieutenant Shirk

Name of Defendant 2

Doctor Edinger Andrew

Name of Defendant 3

Doctor Pigas Kevin

Name of Defendant 4

A. Dittig

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. _____

(to be filled in by the Clerk's Office)

☒ Demand for Jury Trial☐ No Jury Trial DemandFILED
SCRANTON

SEP 02 2020

Per ED
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- ☐ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☒ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☒ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

MICHAEL STAPLETON
Name (Last, First, MI)
17627-104 STAPLETON
Inmate Number
17627-104
Place of Confinement
U.S.P. Lewisburg
Address P.O. Box 100 Lewisburg, P.A. 17837
U.S.P. Lewisburg, 2400 ROBERT F. MILLER DRIVE
City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced state prisoner
☒ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Mr. Spaulding
Name (Last, First)
WARDEN
Current Job Title
WARDEN U.S. P. Lewisburg
Current Work Address U.S.P. Lewisburg, P.O. Box 1000
2400 Robert F. Miller Drive Lewisburg, P.A. 17837
City, County, State, Zip Code United States

Defendant 2:

SHIRK LUTERANT

Name (Last, First)

LUTERANT

Current Job Title U.S.P. Lewisburg, P.O. Box 1000
Lewisburg, P.A. 17837 2400 Robert F. Miller Dr.

Current Work Address United States

Lewisburg P.A. 17837

City, County, State, Zip Code

Defendant 3:

Edinger Andrew

Name (Last, First)

Doctor

Current Job Title

U.S.P. Lewisburg, 2400 Robert F. Miller Dr.

Current Work Address

United States
U.S.P. Lewisburg, Lewisburg, P.A. 17837

City, County, State, Zip Code

Defendant 4:

Pigos Kevin

Name (Last, First)

Doctor

Current Job Title

U.S.P. Lewisburg 2400 Robert F. Miller Dr.

Current Work Address

Lewisburg P.A. 17837 United States

City, County, State, Zip Code

Defendant 5:

Dittry A.

Name (Last, First)

Health Care Administrator - Doctor

Current Job Title

U.S.P. Lewisburg 2400 Robert F. Miller Dr.

Current Work Address

Lewisburg P.A. 17837 United States

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

At U.S.P. Lewisburg 2400 Robert F. Miller Drive. in B Block 215 between July 27th to August 1st 2020

B. On what date did the events giving rise to your claim(s) occur?

Between July, 27th 2020 to August 1st, 2020

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

I was placed in the special housing unit in a cell with a covid 19 patient against my objections. I caught the covid 19 as a result, to date the 29th of August I have not seen a medical doctor or been examined by a health care specialist. Several request has been made to see the doctor but no one took action. A specialist or prison officer comes around every morning to take temperature checks. The Gue Lueterant to me to a basement in the rule on the 31st of July as punishment or tortur by locking me in a cage. I now fear for my safety because of complaints that I made against Lueterant Shirk I need medical attention. Imminent Danger should apply to this case so I seek to file under Imminent Danger

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

- 1) Rights were violated by locking me in a cage in the nude
- 2) Refusal to give me medical attention
- 3) Falsifying medical records to appear as if I have seen a doctor when I did not.
- 4) Violating my rights to exhaust my remedies by not providing me with the necessary documents to file this law suit

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Caught the Covid 19 a deadly disease that had no cure placing my life in danger of death. Torture and inhumane treatment.

VI. RELIEF

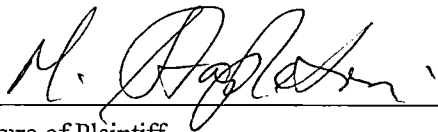
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

I want to be seen and examined by a medical doctor.
I would like to be transfer to another Prison. I seek compensation for damages and to be provided with documents to exhaust my remedies

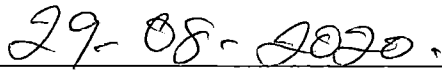
VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

A handwritten signature in cursive script, appearing to read "M. D. Platan", written over a horizontal line.

Signature of Plaintiff

A handwritten date "29-08-2020" written in cursive script over a horizontal line.

Date

Inmate Name: Stapleton, Michael Case 1:20-cv-01581-JPW-PT Document 1 Filed 09/02/20 Page 7 of 7
Register Number: 17627-104
United States Penitentiary
P.O. Box 1000
Lewisburg, PA 17837

08-30-20
TD

31 AUG 2020
RECEIVED
SCRANTON

SEP 02 2020

PER EP
DEPUTY CLERK

HARRISBURG P&DC 171
MON 31 AUG 2020 AM

To: United States District Court
235 North Washington Ave
P.O. Box 1148
Scranton P.A. 18501-1148

Special Mail
Legal Mail